

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

9/2/04 : REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9/2/04 2 Serial/Patent # 10/647,943

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input checked="" type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition			\$ 130
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130	
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>20-0468</u>		
<input checked="" type="checkbox"/>	Overpayment			
<input checked="" type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <i>Pat. Granted</i>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>CHARLENE A GRANT</u>		TITLE: <u>ATTORNEY</u>		
SIGNATURE: <u>C. Grant</u>		PHONE: <u>301-592-251</u>		
OFFICE: <u>Patent</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Office Manager</u>		DATE: <u>9/3/04</u>		
Adjustment Date: 03/06/2004 HALL 00000009 18.00 CR 08/06/2004 HALL 00000009 18.00 CR 01 FC1460				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B